

JSUBOOKSTORE™ DONATION REQUEST FORMRequest(s) must be received 10 BUSINESS days prior to the Event date.**OFFICE/DEPARTMENT INFORMATION**

Employee Name:		Employee Email:	
Department Requesting:			
Office #:	Alternative #:	Fax #:	
Employee Picking Up:			

EVENT INFORMATION

Event Date:		Event Location:
Event Name:		
# of Participants:		

SELECT DONATION TYPE

Gift Basket	Apparel	Headgear	Novelty Items	Balloons
# of gift baskets _____	# of apparel _____	# of headgear _____	(mug, key rings, signature items, etc.) # of novelty items _____	# of balloons _____
Shopping Bags	Promotional Items		Other	
# of shopping bags _____	(JSU pens, pencils, folders, etc.) # of promotional items _____		_____	

Special Instructions:

Total Cost of Donation:	\$ _____	<input type="checkbox"/> Approved
		<input type="checkbox"/> Disapproved
		<i>Manager, JSU Bookstore/Follett</i>

Email to: contractual.services@jsums.edu or auxiliary.enterprises@jsums.edu or fax to 601-979-1567**Department Use Only**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Signature:		
Comments:		